

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT
Office of the Superintendent

VOLUNTEER APPLICATION

(Coaches and Co-Curricular) (For Out-of-District Personnel Only)

Name:	S.S. #:	
Address:		
Town:	State:	Zip Code:
Email Address:		
Home phone:	Cell phone:	

Game Help activity:	School: Pascack Hills ☐ Pascack Valley ☐
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Have you been fingerprinted by Morpho Trak/Trust? Yes: ☐ No: ☐

If yes, please provide the date and school district that requested fingerprint clearance.

Date:
District:

***Criminal History and Background check must be completed and approved before game help can begin.
Vector training needs to be completed within 60 days of board approval.***

Have you ever been convicted of a crime in this or any other state? YES ☐ NO ☐

WAIVER FOR INDIVIDUAL SERVING AS SCHOOL DISTRICT GAME HELP

I understand that as a volunteer in the Pascack Valley Regional High School District, I will be serving at the pleasure of the Board of Education without salary or other form of compensation or benefit, out of my personal desire to assist the pupils of the school district. I further understand that I have no employment benefits, and that I am not covered by Worker's Compensation Insurance. I hereby certify that I have never been convicted of a crime in the State of New Jersey or any other state.

Print Name:	Date:
Signature:	

FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY
X	Date:
Approval by Athletic Director	
X	Date:
Approval by Principal	
Board Approval Date:	